

National registration and accreditation scheme for the health professions

Proposed registration arrangements

Australian Association for Exercise and Sports Science consultation response

Submission:

Australian Association for Exercise and Sports Science

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Background

The Australian Association for Exercise and Sports Science (AAESS) is the peak professional body representing more than 1900 university qualified exercise science professionals across the nation including allied health practitioners (**accredited exercise physiologist**), researchers and academics.

Accredited exercise physiologists (AEPs) are 4-year university qualified allied health professionals who specialise in the delivery of exercise, and lifestyle modification programs for the prevention and management of chronic diseases and injuries. AEPs provide physical activity and behaviour change support for clients with conditions such as cardiovascular disease, diabetes, osteoporosis, depression, cancer, arthritis, COPD and many more.

The Exercise Physiology industry is a mainstream allied health profession widely recognised in the healthcare sector. AEPs are eligible to register with Medicare Australia, the Department of Veterans Affairs and are recognised by a number of private health insurers. At a state level, AEPs are included within health professional awards and in compensation schemes akin to other mainstream health professions.

AAESS is a self regulating body. We determine the skills and knowledge required to accredit as an AEP, and we are also responsible for registering them. Thus, AAESS currently does not fall into the group of registered or partially registered professions undergoing national registration and accreditation in the first tranche.

General Comments

In addition to the specific feedback requested the AAESS would like to take this opportunity to express some concerns with the implementation process of the scheme. The manner in which this process is being conducted does not appear to be entirely consistent with the stated objectives of the scheme. Specifically we draw your attention to the following areas:

- 1) The automatic inclusion of the initial round of health professionals based on existing registration would seem to apply a value judgement over the requirement for access to and regulation of certain services without any apparent evaluation of evidence for the service or quality of the application of the service.
- 2) Further to point 1, a different requirement has been subsequently placed on all other health professionals in order to qualify for inclusion in the national registration and accreditation scheme irrespective of evidence for and quality of existing service provision.
- 3) The requirements for subsequent inclusion in the National Scheme do not appear directly consistent with the objectives of the program. If the stated objectives of the scheme include improving the quality of service provision and education; facilitation of workforce mobility and promotion of access to services; development of a flexible, responsive and sustainable health workforce; and to enable innovation in education and service delivery. Why then is it necessary to demonstrate a significant risk of harm to the health and safety of the public and that this risk is not sufficiently self regulated prior to inclusion in the scheme. For example, if a large component of a health profession's role is in non-acute primary and secondary prevention (without significant risk of harm), how does the Government intend to achieve the objectives of the scheme?

In the consideration of the points raise within this letter AAESS would feel that greater consultation with existing health care providers is warranted in this process to ensure that the stated objectives of the National Registration and Accreditation Scheme are achieved.

Specific feedback on proposals

Proposal 4.3.1: There are a number of options available on or relating to requirements for criminal history checking of applicants for registration and renewal of registration:

AAESS supports option 3:

The legislation require criminal history checks on all new applicants for registration, with a discretionary power for boards to require checks at annual renewal, and self-declaration obligations imposed on registrants both at annual renewal and during the registration period.

Proposal 6.2.1: It is proposed that when a committee makes registration decisions the responsible board would otherwise be empowered to make, it is constituted appropriately

AAESS supports the list of people to make up the committee, however, we believe that the professional associations should be able to appoint a representative to be on the committee. This person could be one of the two members who are registered with the profession.

Proposal 7.4.1: It is proposed that the legislative provisions with respect to student registration would be framed to:

- require only those students who are undertaking clinical training that involves contact with patients/clients to be registered
- empower boards to deal with students whose ability to undertake clinical training is affected by physical or mental impairment, drug or alcohol dependency, and
- give boards the discretion to include or not include a student category of registration.

AAESS supports one of the alternative options - option 1 being the legislation includes powers to register and regulate students, but only for specified professions and boards, for example, the medical and dental professions.

Proposal 9.2.1: With respect to ensuring continuing practitioner competence, it is proposed that the legislation require the boards to establish requirements within each profession for registrants to demonstrate continuing competence at the time of annual renewal, with the scheme to be implemented for each profession on 1 July 2010. Since continuing competence would be a condition of registration renewal, requirements would apply to all registered health professionals, regardless of whether they work in public or private settings, and are employees or self-employed.

AAESS supports the requirement of practitioners completing annual continuing education as this will help to ensure professionals have currency in their skills and knowledge.

Proposal 9.4.3: It is proposed that the legislation require registrants to report to boards, at any time during the registration period, and within 30 days, on the following matters:

- a. if charged with or convicted/subject of a finding of guilt for an offence punishable by 12 months imprisonment or more
- b. any medical negligence claims
- c. any withdrawal or limitation of clinical privileges or credentials by a health service body, and
- d. any other matter set down from time to time by the Ministerial Council

AAESS supports the mandatory requirement of reporting by professionals. However, we question the reporting of only offences that impose an imprisonment date of 12 months or more. We believe that any offence of which imprisonment is required, should be reported to the registration board.

Proposal 11.2.4: It is proposed that the legislation impose an obligation on registered practitioners to notify the responsible board of a change of contact address, within 28 days and that a penalty apply for failure to comply.

AAESS understands the importance of having up-to-date contact details of professionals, however believe this will be difficult to police. As such, the legislation should read as per the alternative option, there be no penalty for failure to notify of change of address.

Proposal 11.2.5: It is proposed that the legislation provide a power for boards to require registrants provide details of each practice address from which they offer regulated health services. Special arrangements would be required so that the reporting obligations are manageable for locum practitioners whose practice address changes regularly

AAESS supports the inclusion of this statement in the legislation to ensure we keep accurate records of where professionals are working.

Proposal 11.3.1: It is proposed that the legislation include provision for a 'grace' period of three months following expiry of registration, during which a practitioner is 'deemed' to be registered, but that if they fail to renew by the end of this period, then the board removes their name from the relevant register.

AAESS supports the grace period for renewing, however we believe that 12 weeks is too long and it should be reduced to 8 weeks.

Proposal 11.4.1: It is proposed that the legislation include provisions that allow a practitioner's name to be restored to the register, if they re-apply within a period of two years following a lapse of registration (under this Act, or a previous enactment of a participating jurisdiction), and they meet any continuing competence requirements set by the responsible board.

AAESS supports the provision of a professional re-applying within a 2 year period if they have met the continuing education requirements set.